

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>3/16/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>63018</i>	<i>3-21-00</i>
FORMALITY REVIEW			<i>2-5-00</i>
RESPONSE FORMALITY REVIEW			

**BEST**

**COPY**

INDEX OF CLAIMS

✓ ..... R ..... N ..... Non-elected  
 = ..... A ..... I ..... Interference  
 - (Through numeral) ..... Canceled ..... A ..... Appeal  
 + ..... Restricted ..... 0 ..... Objected

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Claim	Final	Original	Date
1			1/10/01
2			4/19/01
3			12/1/01
4			9/24/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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